

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH26337
State File No. 3487

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3487</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>15 YEARS</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital # 1</u>				e. STREET ADDRESS <u>3301 Campbell</u> (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Vada</u>		b. (Middle) <u>Fern</u>		c. (Last) <u>Middaugh</u>		4. DATE OF DEATH (Month) <u>Aug.</u> (Day) <u>8</u> (Year) <u>55</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>May 19, 1898</u>		9. AGE (In years last birthday) <u>57</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Bosworth, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Pierce Godsey</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Hilton</u>		14. NAME OF HUSBAND OR WIFE <u>Forest Leon Middaugh</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>500-22-7715</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MR Forest Leon Middaugh</u> ADDRESS <u>3301 Campbell Kansas City, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia, arterio-sclerotic</u> ANTECEDENT CAUSES DUE TO (b) <u>heart disease, arterio-nephro-</u> DUE TO (c) <u>sclerosis, hypertension (clinical).</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>42.00</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July 29</u> , 19 <u>55</u> , to <u>Aug. 8</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Aug. 8</u> , 19 <u>55</u> , and that death occurred at <u>4:50</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>B.I. Burns</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>24th & Cherry Sts.</u>		23c. DATE SIGNED <u>8/8/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Aug 9, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Int. Moriah Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>8-9-55</u>		REGISTRAR'S SIGNATURE <u>neva minihall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. NEWCOMER'S SONS BRUSH (DEK BLU)</u>			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *John B Lewis*

Licensed Embalmer No..... *48*

P. O. Address..... *KCM*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.